The Department of Mental Health
Reframe the Age:
Enhancing Practice to Support the Success of Young Adults

DMH is launching an ambitious effort to formally modify its service system statewide in order to align with best practice and research evidence for working with young adults. This practice evolution is informed by DMH's long history in supporting young adults, including through its TAY Initiative, investment in Young Adult Peer Mentors, the PREP Program, the STAY grant, the Northeast Area Office's YouForward, and the new TSAI grant. All of these initiatives share a commitment to engaging and empowering young adults in developing their own positive vision for their future and identifying the services and supports for achieving their goals.

DMH's sister agencies, including DCF, DYS, MRC, and the Special Commission on Unaccompanied Homeless Youth, are likewise focused on better serving this age group. EOHHS has designated young adults as a priority population based on a wealth of evidence that they are at high risk for unmet needs that can, in turn, prevent a successful transition to adulthood. Facilitating healthy transitions to adulthood for youth with serious mental health conditions are not only critical for the youth and their family, but are likely to reduce the need for state services in the long term.

Our goal is to develop a service system that is designed to support the unique needs of young adults.[1] Young adults are at high risk for mental health and co-occurring substance use challenges, but their needs are often not fully addressed within either the child or adult service system. In fact, young adults are often at risk of becoming disconnected from the service system entirely. For example, our data analysis revealed that a significant number of young adults who submitted a DMH application for services did not complete the service authorization process.

The practice and programmatic changes described in this document are intended to ensure that young adults receive services that are the most aligned with their mental health and developmental needs. The changes will create flexibility to provide young adults with services from those that exist within either or both the Child, Youth & Family Division and Adult Mental Health Services. Ultimately, we envision a service system that does not simply

[1] We use the term "young adults" to describe individuals age 18 to 22. We deliberately did not use 'transition age youth' or other variations of that term because those terms have become associated with specific programs or staff, often located in the Child, Youth, and Family (CYF) Division. Supporting young adults will be a shared responsibility, not tied or limited to a specific group of staff or a division.

smooth over current barriers and gaps between the child and adult systems, but rather a system purposely designed to meet the unique needs of young adults.

Implementing DMH's vision begins with and will be supported by revisions to our regulations for the *Application for DMH Services, Referral, Service Planning, and Appeals* (104 CMR 29.00). Our focus is on the transition that youth experience from age 18 to age 22. We recognize that practice with young adults typically covers a wider age range (e.g., 14 to 25) and addresses numerous life transitions. The focus here is intended to address the practice shifts that will result from and be supported by the revised regulations.

The regulatory focus on the ages 18 to 22 allow and require us to reframe how we support young adults through this crucial stage of life and transition period. All young adults, not just those with a mental health condition, progress through this life stage in their own way, at their own pace. This is typically a process of moving from living in a family environment to living independently (or interdependently). Supporting young adults through this process means DMH must weave a family-centered wraparound practice with an independent living practice. We anticipate that supporting each young adult's development up to age 22 will enable more of them to achieve independence without needing formal state services and that fewer young adults will transition to the Adult system at age 22 than currently do at age 18.

Key changes to defining "youth" in 104 CMR 29:00 include:

- Youth means an individual under the age of 22. Adult means an individual who is 22 years of age or older.
- Individuals younger than 22 at the time of application must have a serious emotional disturbance, as defined by the qualifying criteria.
- For transition planning purposes, the determination of whether an individual who is age 18 to 21 at the time of application meets clinical criteria for youth shall include a consideration of whether the individual is likely to meet the clinical criteria for adults.
- If it appears that the individual is likely to meet clinical criteria for adults, then the determination of need conducted shall include consideration of services the individual may need after his or her 22nd birthday.
- If it appears that the individual meets clinical criteria for youth but is not likely to meet clinical criteria for adults, then the determination of need conducted shall include planning and consideration of services and support that may be offered to assist the individual in his or her transition out of DMH services.
- Regardless of the clinical criteria met, youth between ages 18 and 22 will have access to any appropriate services that currently exist within the Child Youth & Family Division and Adult Mental Health Services. In some cases an individual may receive services from both.

Guiding Principles from
104 CMR 29.00

Planning activities incorporate strengths, preferences and needs of clients, and where appropriate, of their families or caretakers, and include assessments and the development and review of individual service plans (for clients receiving case management) and individualized plans (for clients receiving DMH community services).

DMH services planning activities are:

a) trauma informed, person centered, strength based, and for youth, youth guided and family driven;
b) sensitive and responsive to a client's cultural, ethnic, linguistic background, sexual orientation, gender identity, parental status, and other individual and where appropriate, family needs;
c) based on the results of assessments which are reviewed and modified as the client's needs, preferences or circumstances change;
d) informed by information obtained through interactions with the client, when appropriate the client's family, other natural supports, and the client's service providers with the appropriate authorizations, as well as previous records as available;
e) conducted in the client's preferred language by staff fluent in the language or through competent interpreters; and
f) coordinated with the client, the client's legally authorized representative, current and potential service providers, other Department staff, and any other person, including family members, whose participation is requested or consented to by the client or the client's legally authorized representative.

The goals of DMH services planning activities are to:

a) promote client recovery and resiliency;
b) identify the services and other community supports that a client needs, including services that are age and developmental-stage appropriate;
c) facilitate or provide access to those services and supports, including strategies to ensure client engagement in such services;
d) ensure that the provision of services is consistent with the client's needs, strengths, preferences and goals, is provided in the least restrictive setting possible, and promotes community participation and independence to the fullest extent possible; and
e) identify goals indicating successful completion of service and plans for transition.

Big Ideas

These big ideas cut across the core elements of practice (which are described in the following section).

1. The clinical criteria to be applied (e.g., Child or Adult) do not dictate who / which Service Authorization staff members apply it. That is, CYF and Adult staff will work together to complete the service authorization process, regardless of which criteria are being used. The clinical criteria used to authorize services do not dictate the Division whose services will be authorized. That is, a young adult eligible under CYF criteria could receive services from the CYF Division, Adult Services Division, or a combination.
2. What's new is not Service Authorization or Case Management per se. These practices will be enhanced as DMH opens the door to young adults 19 to 22, applies CYF criteria rather than Adult, and extends a wraparound approach for a longer period of time, while helping the young adult transition to independence (with or without DMH support after age 22).
3. The service authorization process is a clinical intervention delivered using a team approach to complete the clinical assessment and needs & means determination. It is not a two-step process nor is it simply a process to 'get through' as a precursor to engaging young adults in services.
    - ✓ There should be minimal points of contract for a young adult during the service authorization process. This will require flexibility regarding who engages them. Sometimes the best person to connect with a young adult will be the Clinical staff, other times it will be the Site Needs & Means staff.
    - ✓ A team approach is best way to obtain and consider all / a variety of perspectives. Each service authorization team should have a combination of expertise in both sets of clinical criteria, the needs & means determination factors, and the CYF and Adult service systems. Team members must trust each other's expertise.
4. All young adults will be supported in connecting with services/ supports, even those who are not authorized as DMH consumers. Doing so is not simply an Info & Referral function.
5. CYF /Adult Permeability. Implementation strategies should promote permeability between the CYF and Adult systems and shift the agency's culture regarding working with young adults.
6. Young Adult Peers could be valuable as a DMH "office / process navigator." This is a different role than (but not a replacement of) their current role as a "mentor service."

Practice Core Elements

Three core elements comprise DMH's work with all persons served, regardless of age:

- Service authorization
- Service planning and provision
- Service completion

This section describes the activities that are essential aspects of these core elements when working with young adults.

The descriptions are not intended to be an exhaustive list or to provide a step-by-step process. There is some obvious sequencing in this work; however, the activities listed below should not be viewed as dictating a linear process.

Much of this might be familiar since this practice change is not entirely new: it is a practice evolution. That said, this next evolution in DMH's work with young adults is intended to shift the entire agency's practice and to move from pockets of local innovation to a consistent practice statewide.

Practice is guided by the principles set out in the regulations (see text box on the previous page). In addition, the following principles related specifically to young adults apply across these core elements:

- Respectful, purposeful engagement with a young adult starts at the initial contact, is integral to each core practice element, and continues throughout their involvement with DMH. DMH is responsible for engaging young adults, not vice versa.
- The young adult is at the center of the decision-making. Family members and/or other people of the young adult's choosing are engaged in the process as part of their "team" of supporters.
- Hope and recovery are supported by being actively involved in education, work, volunteer, and/or social opportunities.
- The unique needs of young adults with diverse racial, ethnic, cultural and linguistic identities, as well as those who identify as LGBTQ must be woven throughout programs and services.

Service Authorization

The service authorization process includes both a clinical assessment and a determination of needs and means. The purpose of the clinical assessment is to assess the young adult's clinical presentation and determine if they meet DMH's clinical criteria. It requires gathering sufficient, relevant information about the needs and strengths of a young adult. Based on the results of the clinical assessment, a "needs and means" determination identifies the young adult's needs, determines if they have the means to meet those needs without DMH involvement (e.g., through health insurance), and whether DMH has the services / resources to meet those needs.

Although the results of the clinical assessment are used to inform the needs and means determination, these two components should be conducted in tandem, to the greatest extent possible. In some cases, one person will complete both; in other cases, a team will complete them. In all cases, a face-to-face meeting with the young adult and their family is critical to conducting the service authorization process. Meeting face-to-face helps ensure an accurate diagnosis and comprehensive understanding of the young adult in the context of their family, environment, experiences, culture, and present situation. It also allows the young adult and their family to have a voice in articulating and prioritizing needs.

The service authorization process will occur differently for young adults who have been involved with the CYF Division than for young adults new to DMH. For young adults who have been receiving CYF services, an application is more likely to be submitted as a result of an ongoing process to engage the young adult in planning for their future. Thus, engagement precedes an application and the service authorization process. For young adults new to DMH, an application begins the engagement and the service authorization process.

Initial contacts set the tone for establishing a productive helping relationship with a young adult. DMH's response to initial inquiries and applications should be welcoming to the young adult and the person who is helping them apply for services.
• Contact should take into account how best to connect with that particular young adult, e.g., time of day, location, and communication method. • If a young adult has been previously involved with the CYF Division and will need to connect to Adult Mental Health Services at any point, then the CYF staff should facilitate introductions and help build relationships. • Whenever possible, initial contact should include people that the young adult might have the choice to work with on an ongoing basis.

Orient the young adult (and as appropriate their family) to DMH's processes, services, and consumer rights. This must occur both for young adults new to DMH and those already involved with the CYF Division.
• Clarify the roles of the parents (or LAR) based on the young adult's age. Young adults and their parents previously involved with will likely need some guidance regarding the young adult's transition to legal adulthood (described below in Service Planning and Provision). • Explain DMH policy and procedures and provide those in writing. • Ensure that the young adult understands DMH's processes and their rights.
Actively engage the young adult beginning at initial contact and set a collaborative tone that will continue throughout the process. Patience and persistence are critical to helping young adults connect with mental health services.
• Meeting in person is often a pivotal moment in making a connection and engaging a young adult. Doing so might mean meeting in a location familiar to them, including a location within their community, their home, a current therapist's office, or in some cases a DMH office. • Extensive outreach and attempts at engagement should occur within the allowed 90 days before considering an incomplete application to be withdrawn.
Explore and document the young adult's vision for their future. Their plan for the future should reflect their developmental stage, their ability, and their potential growth from ages 18 to 22.
• Explore the types of services in which they might be interested. • Explore their areas of interest and life goals, e.g., schools, work, health and housing. • Understand their family situation and their social / friendship networks. • Encourage and ensure their voice in planning for their future.
Determine whether DMH is the right "fit" for the young adult's needs. Identify if they have or could obtain health insurance, public benefits, CBHI, PREP, community services, etc.
• When making a referral to a resource, ensure that the young adult actually connects with that resource. This is not simply an "information and referral" function. • Speak with collaterals, as necessary, to determine their roles and the possible role that DMH could play.
Assess whether the young adult meets DMH's clinical criteria for services.
• Gather all relevant documents and records. Support the young adult in this process. Ensure only relevant documents are requested and help the young adult understand their relevance.
Determine need for DMH services as well as the best means for providing those services.
• Determine whether the young adult's needs, personal goals, and service preferences can be

met by a DMH service.

- Assess whether the young adult's current entitlements and insurance provide appropriate services in the community.
- Assess the availability of appropriate service from other public or private entities.
- Assess the availability of appropriate DMH service(s) as well as how best to provide the service. This might require adjusting the design or delivery of services in order to meet a young adult's unique needs.
- Provide information about obtaining health insurance.
- Refer to short-term community services, including respite or critical needs case management.
- Determine if the young adult is still enrolled in school and, if so, whether a 688 referral has been made.
- When DMH is identified as the Transitional Agency (688) an Individualized Transition Plan is created regardless of Authorization.

Authorize, refer, and enroll in services.

- Determine which DMH service(s) to authorize. This could be any appropriate service that currently exists within the Child Youth & Family Division and Adult Mental Health Services. In some cases, a young adult might receive services from both.
- Consider the young adult's age as well as whether they will meet Adult services criteria after age 22 when determining which services to authorize.
- If the young adult needs only a single service, then an in-person meeting is not necessary to authorize services if (and only if) the young adult declines the meeting.

If the young adult does not meet either CYF or Adult criteria and will be denied DMH services, then help them connect to an appropriate service or support. This should be a "warm hand-off", not a cold denial.

- Prioritize helping young adults who are at high risk or have no other person or entity to advocate for them.
- Consider short-term case management for those without any other source of assistance to help in finding appropriate resources.

Provide short-term case management if appropriate, even if the young adult doesn't meet DMH criteria for services.

- Assist the young adult with connecting to a service. Support and ensure meaningful engagement in that service.
- Help obtain insurance, if needed.

Service Planning and Provision

Service planning and provision activities are conducted by either DMH case management staff (when that service is authorized) or a contracted community service provider. This is the ongoing process of engaging the young adult, their family members, community resources, and natural supports as a cohesive group working towards shared goals to achieve self-sufficiency. It includes fostering teamwork among participants, meeting face-to-face with the young adult (and family), gathering and sharing relevant information on a regular basis, planning together, making decisions together, measuring progress together, and working collaboratively to add, change, or end services. This ongoing process takes into account the young adult's and the family's circumstances and culture. Education, employment, housing, and healthcare are incorporated into this process as part of the focus on treatment goals.

Arrange for and complete a comprehensive assessment of the young adult's service needs.
• Meet with the young adult and LAR in person at least once during this process. Use phone calls or other communication methods preferred by the young adult and/or LAR to clarify and fill in information needed. • Obtain and review relevant documents. • The assessment is updated at least annually. It should be managed as a living document that is updated as more is learned about the young adult.
Collaboratively develop with the young adult an Individual Service Plan (ISP), if case management services are provided. Support the community provider in developing with the young adult an Individual Action Plan (IAP).
• Consider using best practices (e.g., *Achieve My Plan*) to teach the young adult skills for participating in their own treatment planning. • Identify the strengths, needs, and goals of the young adult and, as needed, the family. Identify services and programs that address those strengths, needs, and goals. • Ensure the fullest possible coordination with other services, including educational services. • Obtain authorization for services specified in the plan. • Provide the Individual Service Plan to the young adult, and the LAR if applicable, and obtain their approval. If the young adult is not satisfied with the process or result, inform the young adult of the service planning appeal process and provide guidance as necessary. • If DMH is providing case management services, then provide the comprehensive assessment and ISP to any selected community service provider in order to inform their Individual Action Plan.
View the ISP as a living document.
• The plan should be modified in response to major life changes, at the request of the young adult or their LAR, as more is learned about the young adult, and/or service needs change (e.g.,

moves, a goal achieved).
- Review and modify the plan, at least annually.
- Do not wait for the annual review to make changes.

Guide the transition to legal adulthood.

- Help families anticipate the change in their role as their child becomes a legal adult. This includes privacy/ confidentiality laws (e.g., healthcare) that impact their role as their child's advocate.
- Support the family through this transition, including referring them to a local parent support group.
- Help prepare the young adult for their new legal status, including their ability to determine who should be part of their team.
- Educate the young adult on their legal rights regarding decision-making, treatment choices, confidentiality, criminal law exposure, etc.
- Leave lines of communication with the family open so that the family can share information and concerns, while maintaining the young adult's right to privacy.
- If the young adult has been involved with the CYF Division prior to their 18th birthday, then ensure they sign their own DMH documentation, releases, etc. and understand DMH policies and procedures.

Guide the transition to independence, including making choices and managing risk.

- Help the young adult understand and manage risk.
- Anticipate potential exposure and strategies to manage risk, including allowing for the dignity of risk.
- Identify strategies for the young adult to use as well as potential actions they want their case manager or service provider to use to support them.
- Assist the community provider in developing a written crisis plan that identifies risk triggers, warning signs, and interventions if risky situations or warning signs appear.

Access and coordinate services and supports.

- Based on the young adult's choice and voice, identify non-DMH resources and supports (e.g., medical, dental, education, housing, insurance/ SSI, drivers education, social and community connections).
- Help the young adult enroll in programs and services, accompany them when needed to ensure meaningful engagement in services or to learn the transportation route.
- Services and supports should be age relevant and appealing to young adults, preferably tailored to serve young adults, and preferably primarily utilized by young adults.
- Troubleshoot problems identified by the young adult and/or community providers.
- Attend team meetings convened by community providers.

Help the young adult understand the benefits of having a team and adults they can go to for help, advice, and support.

- Determine who the young adult wants on their team.
- Orient team members regarding what it means to be on the team, supporting the young adult.
- Help the young adult and their team explore a variety of ways to communicate, including the use of technology.

Build skills through modeling and coaching.

- Model or coach life skills, e.g., how to find an apartment, apply for a job, get health insurance, make and keep a doctor's appointment.
- Help each young adult learn how to be their own advocates.
- Help young adults know how to participate meaningfully in the service / support.

Service Completion

Preparing to complete DMH services begins with the young adult's positive vision for their future and flows through all decisions about services. DMH and the young adult move together toward that vision, which includes education, employment, housing, and potential services needed from EOHHS agencies. Transition planning includes helping the young adult consider ways to involve family, community and natural supports. Specific actions, as the young adult approaches their planned completion date, include validating their progress, learning about their experience of the services, and planning for setbacks and sustainment.

Support young adults in completing the services authorized and in achieving their identified goals.
• Develop, with the young adult, a plan for sustaining the skills and knowledge gained through DMH services. • Help them connect with community and natural supports that will support this sustainment. • Help them become their own lifelong advocate. • Promote and enhance the young adult's sense of autonomy and self-determination. • Services should not be ended without communicating and collaborating with other agencies involved with the young adult. This collaboration and resulting decisions should be documented in MHIS.
Some young adults might choose not to complete services as planned. To the extent possible, help them anticipate and plan for moving forward without DMH services.
• Explore natural and community supports, CBHI services, and/or services from other state agencies. • Provide guidance about how to re-connect with and re-enter DMH. • Ease re-entry for clinically approved young adults who later decide to re-engage with DMH. Maintain an "open door" for the twelve-month period allowed by the revised regulations. Pro-actively reach out to the young adult, if appropriate. • Inform other involved agencies of the young adult's decision. Collaborate with these agencies to identify supports for the young adult.
Some young adults will complete DMH services when they turn 22 and no longer meet DMH criteria. This transition point should have been anticipated either during the initial eligibility process or during the annual redetermination process.
• Fewer services / resources are available to adults 22 and older than to youth under than age of 22. Therefore, knowledge about these resources and how to obtain them is critical. • Services should not be ended without communicating and collaborating with other agencies involved with the young adult. • Develop a written Transition Plan.

• Timelines might need to be flexible until sufficient transition activities occur.
Some young adults will continue to be authorized to receive services after their 22nd birthday.
• This transition point should have been anticipated through a clinical assessment using the Adult services criteria. • Individual Plans should address the transition to the Adult system or out of DMH services beginning well in advance of the transition. • Whenever possible, DMH should support the young adult in building relationships with the people from the services and supports to which they will transition.